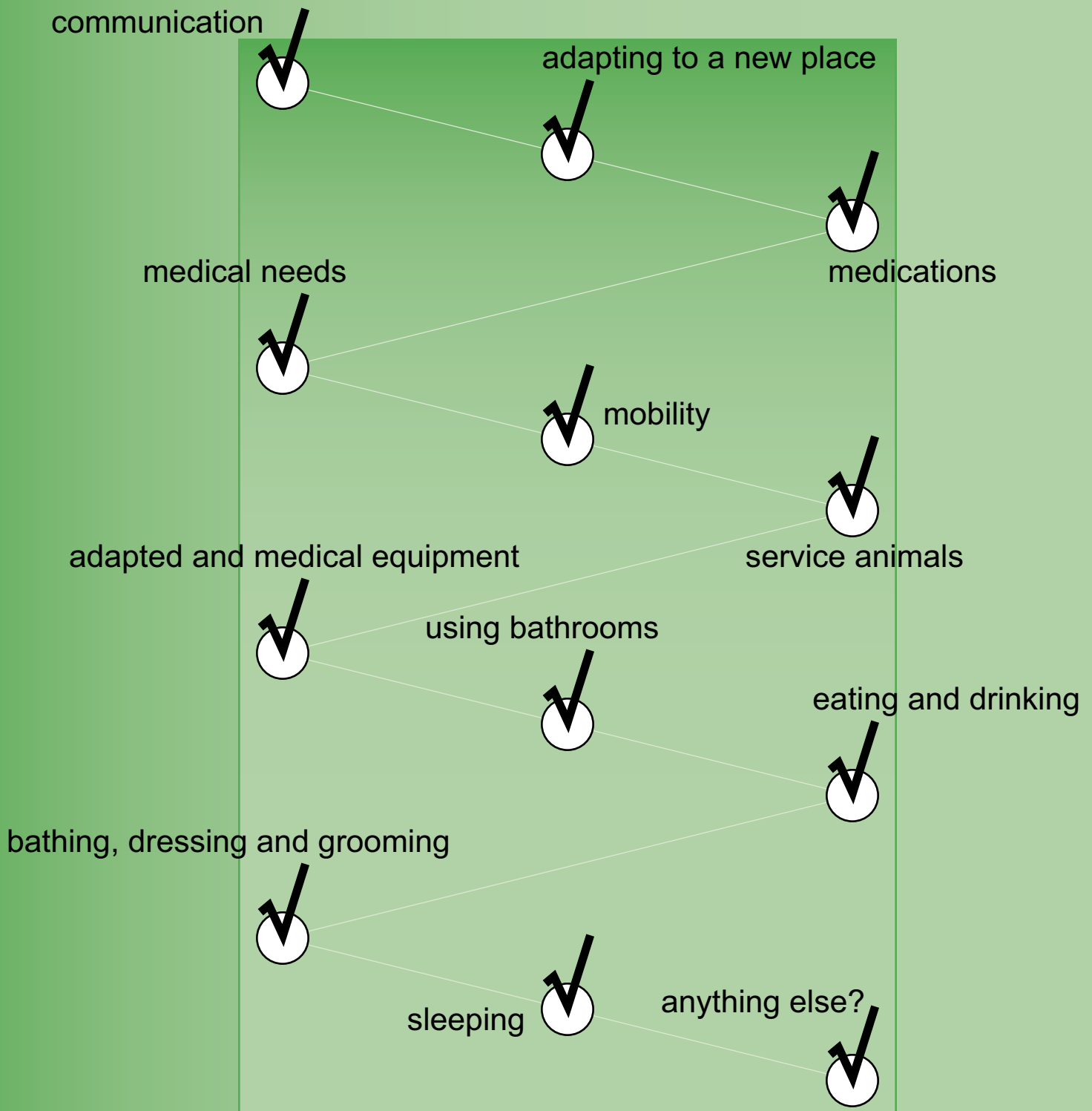


# Shelter Checklist:

## Be Prepared to Go to a Shelter



# Be ready to go to a shelter

**Get prepared.** People who are prepared for emergencies usually stay safer when something happens than people who are not ready.

During an emergency the general public may be advised by state or local officials to go to a shelter. The shelter's location probably will not be announced until the emergency happens and officials know where to set up safe places for people to go. Don't take for granted that help will come. Make your personal or family plan! If you will need support during an emergency, include the people who will help you. Check in with them regularly to make sure they can help and their personal emergency plans have not changed.

**Listening for instructions.** Be sure to have a battery operated radio with extra batteries in case of an emergency. Listen to officials when they tell you to stay where you are or leave for a shelter. Don't count on regular kinds of communication. Electricity may be out, phones, including cell phones, and wireless devices may not work. Your battery operated radio and backup batteries are your best bet to listen for information from officials.

**Getting to a shelter.** Think about how you will get to a shelter during a general emergency. Public transportation and taxis may not be operating. Officials may organize transportation to shelters, but you can't count on this. If you need to, ask for help arranging for transportation and making a plan for an emergency. If you have a Case Manager or Service Coordinator, ask them to help line up emergency transportation that will meet your needs. If you don't know how to arrange for the accessible transportation you need, for example, a vehicle with a wheelchair lift or an ambulette, find out your options. Contact organizations like the American Red Cross and those that serve people with disabilities or older adults.

Plan how your transportation contact person will know who you are, where you live, and when it is an emergency and you need to go to a shelter. Check in every couple of months with your transportation contact person to make sure that your plan will still work. If you move, be sure to tell your contact person.

**Planning for your needs for your shelter stay.** Complete the check list in this booklet and get your "Be Prepared Kit" ready to take with you in an emergency. Think about the accommodations you will need so you can talk with people at the shelter. Make your plan with your family or other support network. Complete the yellow "Important People and Papers" booklet and have copies of important papers to take with you. Make sure contact information and copies of important papers are kept up-to-date.

# 1. Readiness

- Know where main valves and switches are for gas, water and electricity. Get help adapting handles, valves or switches if that will help you be able to turn them off.
- Fire extinguisher that you can use, for example, one with extended handles.
- Battery operated radio.
- Flashlight.
- Extra batteries for radio and flashlight (check expiration dates every two months).
- Signaling device, such as a whistle, beeper, bell, screecher.
- An evacuation plan, including transportation, when you need to get to a shelter.

## 2. Make your “Be Prepared Kit”

Organize your “Be Prepared Kit” and complete the three booklets (blue, green and yellow) with you. Tell people helping you evacuate what you need to take and where it is located.

- Completed “Important People and Papers” booklet.
- This completed “Be prepared to go to a shelter” booklet.
- Equipment and assistive devices.
- Back-up equipment (for example, spare batteries or a manual wheelchair).
- Extra supply of medications.
- Extra copies of prescriptions.
- Essential supplies for a medical condition.
- Food, collar and leash if you use a service or companion animal.
- Strong plastic bag or waterproof container to keep items in your kit dry.

## Shelter Accommodations Checklist



**What will you need?** On the following pages, check what applies to you. Based on your answers, write the accommodations you will need on the form at the end of this booklet. The form has sections where you can describe your short-term needs (no overnight) and your longer-term needs (overnight or longer shelter stay).

### 3. Communication

Sign language interpreter

I read others' lips

TTY

Large print materials

Braille materials

Recorded materials

Someone to read and explain information to me

Other (please describe)

Communication device (for example, augmentative communication device, word or picture board, artificial larynx). If yes, please describe:

Anything else about communication?

## 4. Adapting to a new place

I have a hard time adjusting to new places or being around people I don't know.

It is difficult for me to adjust to crowded and noisy rooms.

I am blind or visually impaired and need someone to help orient me with the layout of the shelter.

Anything else about adapting to a new place?

## 5. Medications

I need help to remind me when to take medications.

I am allergic to this medication:

Anything else about medications?

## 6. Medical needs

I have a medical condition that is unstable or another health issue that needs continual attention (ex. seizures).

I need help with on-going medical therapy, such as IV therapy, catheterization, ostomy, or wound care.

I need these essential medical supplies (if possible, keep these in your “Be Prepared Kit”):

I have a medical device implant (for example, heart defibrillator, pacemaker, vagus nerve stimulator, Baclofen pump, etc.):

I have environmental allergies or chemical sensitivities.

I cannot tolerate excessive heat or cold.

I have a weakened immunity system and need to be away from others because I catch illnesses easily.

Anything else about medical needs?

## 7. Mobility

I use a wheelchair or other mobility device (please describe):

I can walk but have trouble standing for extended periods (for example, waiting in line).

I am unable to walk and need someone to help me get into different seating or laying positions.

I need a lift, such as a Hoyer lift, to transfer me from one place to another. If no lift is available, I need  people for a safe transfer.

Anything else about mobility?

## 8. Service animals

I use a service animal.

My service animal does not adapt well to emergencies.

I need help while my service animal adjusts.

This is how I use my service animal:

Anything else about service animals?

# 9. Adapted and medical equipment

I use:

oxygen

glasses

cane

walker

wheelchair

communication device

diabetes kit

ventilator

feeding pump

suction machine

Other adapted or medical equipment (please describe):

Anything else about medical equipment?

# 10. Using bathrooms

I need disposable undergarments. (If possible, keep these in your Kit.)

I need help changing undergarments.

I need an adapted toilet.

I need to be catheterized every  hours.

Anything else about using bathrooms?

# 11. Eating and drinking

I need special formula.

I need modified plates or silverware to eat on my own.

I need straws or modified cups to drink on my own.

I have food allergies (please describe):

I need special foods because of an illness (please describe):

Anything else about eating and drinking?

## 12. Bathing, dressing, and grooming

I need help taking a shower or bath.

I need help buttoning or fastening clothes.

I need help with grooming (for example, brushing your hair, brushing your teeth, etc.).

Anything else about bathing, dressing or grooming?

## 13. Sleeping

I need help getting into and out of bed.

I need to be repositioned while I sleep.

I have medical issues when I sleep that require monitoring (for example, sleep apnea, seizures).

Anything else about sleeping?

# 14. Anything else?

Is there anything else that shelter staff should know about you or a family member for you to be safe and healthy during your stay?

# 15. Personal List for the Shelter



Complete the form on the next two pages. When you arrive at the shelter, ask to photocopy it or tear it out, and give it to the shelter staff so you can be included in as safe and healthy way as possible.

**Fill in now.** Fill in your name and address, the equipment or assistive devices you use, and medications you need. List the accommodations you will need based on your answers in this booklet and the blue Readiness Checklist booklet.

**Fill in at the shelter.** When you arrive at the shelter, place checkmarks in the squares to show what equipment and medications you were able to bring with you and which medications must be kept cold.

**Note about assertive communication.** Be prepared to quickly explain to rescue personnel and shelter personnel with the least amount of words in the least amount of time how to move your mobility aids and how to move you or assist you to move safely and rapidly. For example, “take my oxygen tank,” “take my insulin from the refrigerator,” “use the board to transfer me from bed to my wheelchair.”

To the Shelter Staff:

This two-page form tells you any equipment and devices I use, any medications I take, and accommodations I need. Ask me if you have any questions. Thank you for giving me shelter during this emergency.

My name and address:

Equipment or devices I use:

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

I brought  
this with  
me

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Medications or special formulas:

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

I brought  
this with  
me

Must be  
kept  
cold

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

photocopy or tear-out this form to give to the shelter

more on other side >

I request the following accommodations for a short-term stay (not overnight) in your shelter.

|  |
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|  |
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In addition to the accommodations listed above, I request the following accommodations for an overnight or longer stay in your shelter.

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|  |
|  |

Comments:

|  |
|--|
|  |
|--|

photocopy or tear-out this form to give to the shelter



The *Emergency Management Be Prepared Kit*  
including the  
*Readiness Checklist: Emergency Plan for Home,*  
*Shelter Checklist: Be Prepared to Go to a Shelter*  
and  
*Yellow Checklist: Important People and Papers*

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